

Board of Directors

SUMMARY REPORT

Meeting Date: 26 July 2023
 Agenda Item: 23

Report Title:	Annual Appraisal & Revalidation Report to Trust Board of Directors for 2022/23	
Author(s):	Sobhi Girgis, Responsible Officer Carla White, Medical Compliance Officer	
Accountable Director:	Dr Mike Hunter, Executive Medical Director	
Other meetings this paper has been presented to or previously agreed at:	Committee/Tier 2 Group/Tier 3 Group	Medical Workforce Planning Group (MWPG)
	Date:	19/06/2023
Key points/recommendations from those meetings	The report and appendices were reviewed and satisfied by member of the Medical Workforce Planning Group	

Summary of key points in report

There have been several improvements to the appraisal and revalidation system including increased support for doctors and quality assurance measures. Current processes have been detailed in new Standard Operating Procedures (SOPs) to ensure continuity and consistency.

A new Medical Compliance Officer was appointed in January 2023.

Appraisers are currently remunerated at 0.4 Professional Activity (PA). A comprehensive quality assurance system is in place. The Responsible Officer (RO) function is administratively supported by the Medical Compliance Officer.

A revalidation tracker has been implemented to ensure doctors' progress towards revalidation.

The Trust is compliant with all statutory requirements and regulations regarding appraisal and revalidation.

Appendices attached:

- A. Annual Appraiser Report 2022/23
- B. Fair to Refer Report – implementation progress report 2022/2023
- C. Designated Body Annual Board Report 2022/2023
- D. Demographics Report 2022/23

Recommendation for the Board/Committee to consider:

Consider for Action		Approval	✓	Assurance	✓	Information	
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The board is asked to note the report and for Chair of the Board of Directors or the Chief Executive to complete the Statement of Compliance in Section 7 of Appendix D of this report. This will be submitted to NHS England by the deadline of **31 October 2023**, along with this report.

Please identify which strategic priorities will be impacted by this report:					
Recover services and improve efficiency	Yes	✓	No		
Continuous quality improvement	Yes	✓	No		
Transformation – Changing things that will make a difference	Yes		No		✓
Partnerships – working together to make a bigger impact	Yes	✓	No		
Is this report relevant to compliance with any key standards ? State specific standard					
Care Quality Commission Fundamental Standards	Yes	✓	No		Doctors receive annual appraisals – Well Led Domain
Data Security and Protection Toolkit	Yes		No	✓	
Any other specific standard?				✓	
Have these areas been considered ? YES/NO					
					If Yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety, Engagement and Experience	Yes	✓	No		Appraisals require information about Complaints/Compliments, Significant Events and feedback from colleagues and patients
Financial (revenue & capital)	Yes		No	✓	Not directly related to appraisal and revalidation.
Organisational Development /Workforce	Yes	✓	No		Appraisals give assurance about Doctors' fitness to practice
Equality, Diversity & Inclusion	Yes	✓	No		Data is provided within the report in relation to the General Medical Council's Fair to Refer report
Legal	Yes	✓	No		The Responsible Officer's duties are stipulated by The Medical Profession (Responsible Officers) Regulations 2010 and 2013
Environmental sustainability	Yes	✓	No		Not directly related to appraisal and revalidation.

Section 1: Analysis and supporting detail

Background

1.1. The Revalidation Team has had a change in Medical Compliance Officer as of January 2023, Carla White has now taken up this position. There have been significant improvements in the appraisal system including annual appraiser performance reports, annual appraisee feedback reports, reduction of delays in appraisals. The Revalidation Team regularly reviews the standard operating procedures to regularly improve the process.

Quality Assurance

1.2. Appraisers are specifically remunerated to ensure quality and accountability. Appraisers received additional supporting information for their own appraisals including certification for attendance at Revalidation Steering Groups, and an annual feedback report which is reviewed as part of their annual appraisals. This report includes appraisee feedback, timely appraisals review, Trust average comparisons and assessment results of their appraisals using NHS England's Appraisal Summary and Personal Development Plan Audit Tool (ASPAT). A summary of all this data is compiled into an annual report for the Responsible Officer. An anonymised version of the report has been included in the appendices of this report.

System improvements

1.3. The focus of the Revalidation Team is to continue the work with medical leadership to strengthen the role of doctors as leaders and to implement relevant recommendations from the General Medical Council's 'Fair to Refer?' report. The Trust is considered to be an example of good practice in implementation of that report. As part of these recommendations a demographics report has been included in the appendices of this report.

Covid-19 Response and National Guidance

1.4. Following guidance from the General Medical Council and NHS England the Annual Organisational Audit (AOA) has restarted following its suspension due to Covid pandemic. As part of post Covid recovery the Revalidation Team is beginning to return to face to face meetings including medical appraisals.

Section 2: Risks

2.1 NHS England monitors the Trust's appraisal performance as a Designated Body for doctors. At the current high-level of compliance with the requirements for appraisal and revalidation, the Trust does not carry significant risk in this area. As a further external source of scrutiny, the CQC monitors appraisal performance as a Well Led domain line of enquiry.

2.2 The Responsible Officer and Medical Director meet with the GMC Employer Liaison Adviser three times per year to discuss organisational issues, appraisal and revalidation issues, in addition to any concerns about doctors. This includes non-trainee doctors employed by the Trust and locum doctors working temporary or shift based work. The RO provides advice to the Postgraduate Medical Office and Director of Medical Education in relation to concerns arising in relation to trainee doctors placed within the Trust. This clearly reduces the likelihood of any risk arising in relation to medical workforce.

Section 3: Assurance

Benchmarking

3.1 Doctors are required to engage in annual appraisals. The appraisal document should be completed within 28 days from the appraisal meeting. NHS England expects appraisal rate of at least 90%. Missed appraisals for acceptable reasons are labelled Measure 2. Missed appraisal without agreement from the Responsible Officer is labelled Measure 3.

3.2 How will the outcomes be audited or validated?

The Revalidation Team report annually to the Board of Directors. This report is submitted with NHS England along with a signed Statement of Compliance. This report includes the Annual Organisational Audit and full year figures for completed appraisals and compliance with NHS England's expected appraisal rate of 90%.

3.3 What professional advice has been taken in making the recommendation(s)?

- The Responsible Officer and the Medical Compliance Officer regularly attend NHS England's Responsible Officer and Appraiser Lead Network (ROAN) meetings.
- The Responsible Officer and the Medical Compliance Officer regularly attend regional Responsible Officer Network meetings (mental health Trusts).
- The Responsible Officer and Executive Medical Director meet with the Trust's allocated GMC Employer Liaison Adviser (ELA) 3 times a year.

Triangulation

3.4 How can the expected outcomes be triangulated against other data or analysis for cross referencing?

- The Trust's performance is included in the Annual Organisational Audit report submitted to NHS England. NHS England use this data to produce annual national comparison reports across regions and specialties.
- Our data is included in this report which will be submitted to NHS England. This ensures transparency and accountability to the Board and to NHS England.

Engagement

3.5 What evidence of service user and carer involvement is evidenced within the report and how has this influenced the recommendations of this report? How can the Board be assured that feedback from service users and carers has been considered and acted upon?

The Responsible Officer chairs the Revalidation Steering Group (RSG) which is comprised of the medical appraisers. RSG meets three times per year to review the system of appraisals, discuss challenges, receive updates, and refresh appraisers' training through the provision of an extended annual continuous professional development RSG.

The Responsible Officer meets monthly with the Medical Director, and both meet with the GMC Employer Liaison Adviser 3 times a year.

The Responsible Officer and Medical Compliance Officer attend the Responsible Officer and Appraiser Lead Network (ROAN) meetings organised by NHS England and the regional network of mental health trusts.

The Responsible Officer is a member of the Medical Workforce Planning Group (MWPG). The group is made aware of any changes to the appraisal system, and they have sight of the annual report to the Board.

All doctors are invited to give feedback on their appraisers and the appraisal process itself as part of their annual appraisal.

Feedback from Service Users is required as part of the appraisal process for all doctors in line with GMC regulations and RCPsych recommendations.

Section 4: Implications

Strategic Priorities and Board Assurance Framework

- 4.1 Maintaining high standard in medical appraisal and revalidation directly links with strategic aims of delivering outstanding care and creating a great place to work.
- 4.2 The focus is to strengthen the role of doctors as leaders and to implement relevant recommendations from the General Medical Council's 'Fair to Refer?' report.

Equalities, diversity, and inclusion

- 4.3 A demographics report is included in the appendixes of this report. The Trust has made significant progress in implementing the recommendations of the Fair to Refer report.

Culture and People

- 4.4 The report includes the consideration and an action plan in response to the key recommendations from the General Medical Council's Fair to Refer Report.

Integration and system thinking

- 4.5 In making his/her recommendation to the General Medical Council, the Responsible Officer reviews all appraisals for the 5-year revalidation cycle and takes account of any information available about the doctor within the wider system in the Trust and other organisations that employ doctors. The Responsible Officer also shares any concerns about any doctor who provides services to the Trust, e.g., locum doctors, with the doctor's Responsible Officer and discusses such concerns with the GMC Employer Liaison Adviser.



Financial

- 4.6 It is a statutory requirement for the Trust as a Designated Body to allocate sufficient resources to support the duties and responsibilities of the Responsible Officer.

Compliance - Legal/Regulatory

- 4.7 General Medical Council's Medical revalidation is a legal requirement which applies to all licensed doctors listed on the General Medical Council register. Organisations designated under The Medical Profession (Responsible Officer) Regulations 2010 and The Medical Profession (Responsible Officers) (Amendment) Regulations 2013 (referred to as the Responsible Officer Regulations) are nominated as Designated Bodies (DBs). These organisations, essentially are anybody that employs or contracts with doctors, have a duty to appoint or nominate a Responsible Officer. These senior doctors must ensure that every doctor connected to them, as set out in the legislation:

- Receives an annual medical appraisal meeting in accordance with nationally agreed standards.
- Undergoes the appropriate pre-engagement/employment background checks to ensure that they have qualifications and experience appropriate to the work performed.
- Works within a managed system in which their conduct and performance are monitored, with any emerging concerns being acted upon appropriately and to nationally agreed standards.
- Has recommendations made to the General Medical Council regarding their fitness to practise every 5 years, on which their continuing licence to practise is based.

- 4.8 Appraisal and revalidation systems within individual Designated Bodies are monitored by NHS England. The Revalidation Team is required to complete and submit an Annual Organisational Audit report on behalf of the Trust to NHS England. In addition The

Revalidation Team are required to complete and submit an annual report to the Trust's Board of Directors which must be submitted to NHS England along with signed Statement of Compliance. NHS England suspended the Annual Organisational Audit during the Covid pandemic but has reinstated it for the 2022/23 appraisal year.

Environmental sustainability

4.9 The CQC requests information about the appraisal of doctors within certain services as a part of key lines of inquiry.

Section 5: List of Appendices

- A. Annual Appraiser Report 2022/23
- B. Fair to Refer Report – implementation progress report 2022/2023
- C. Designated Body Annual Board Report 2022/2023
- D. Demographics Report 2022/23



Annual Appraiser Review

April 2022 to March 2023

A review of the overall performance of appraisers within Sheffield Health & Social Care NHS FT based on feedback received from appraisees.

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Trust Wide Summary

Submission Rates

Full Appraisal Year

(All appraisals by SHSC appraisers between 1 April 2022 and 31 March 2023)

Measure	Tally	%
1	66	94.3
2	4	5.7
3	0	0
TOTAL	70	

Annual Organisational Audit (AOA) Figures

(Appraisals of doctors connected to SHSC as of 31.03.2022).

Measure	Tally	%
1	63	94
2	4	6
3	0	0
TOTAL	67	

Measure 1: Appraisal that is completed between 1 April and 31 March the following year and submitted within 28 days from the appraisal meeting date. Delays within the appraisal year were called Measure 1b, but NHS England no longer asks for splitting Measure 1 into 1a and 1b. The Responsible Officer is still collecting these data to ensure reduction of any delays (see Appendix C).

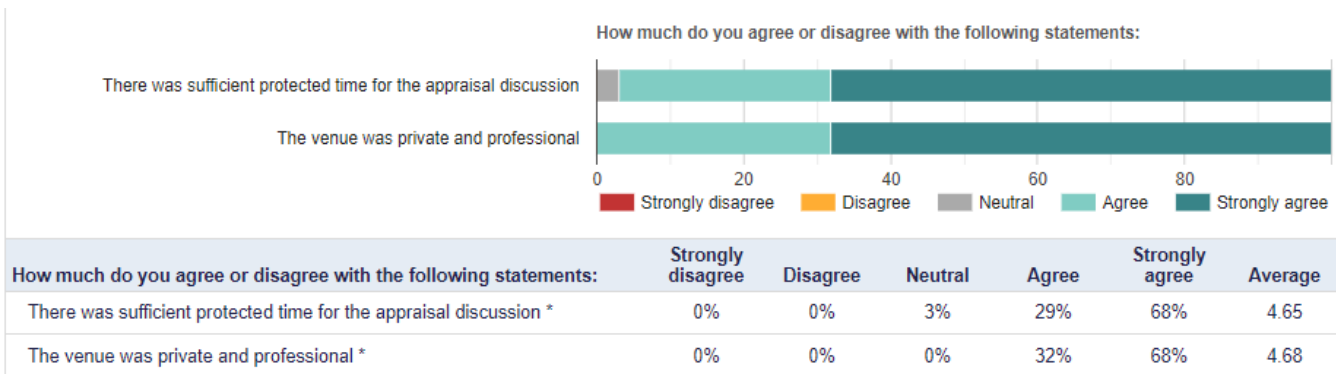
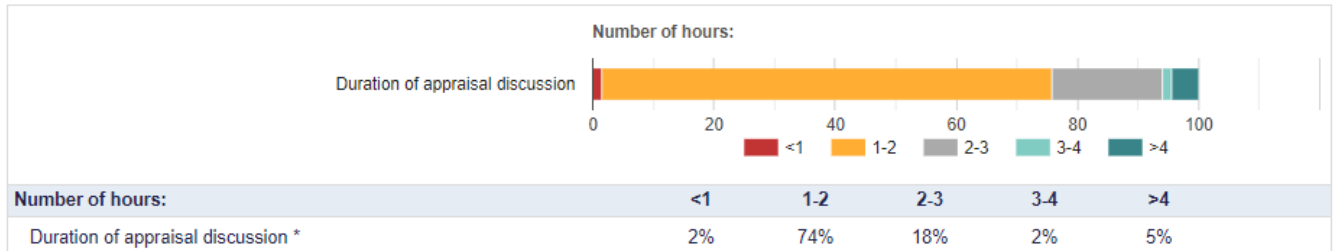
Measure 2: Missed or incomplete appraisal that is authorised by the Responsible Officer

Measure 3: Missed or incomplete appraisal that is unauthorised by the Responsible Officer.

Feedback Scores

Environment and Timing

Environment and timing



Comments

The appraisal was on Teams which was kept private and undisturbed.

The meeting was held over MSTeams due to my clinic be just prior to the appointment.

Good venue and sufficient protected time.

It was good to meet face to face after 2 years of online meetings due to pandemic.

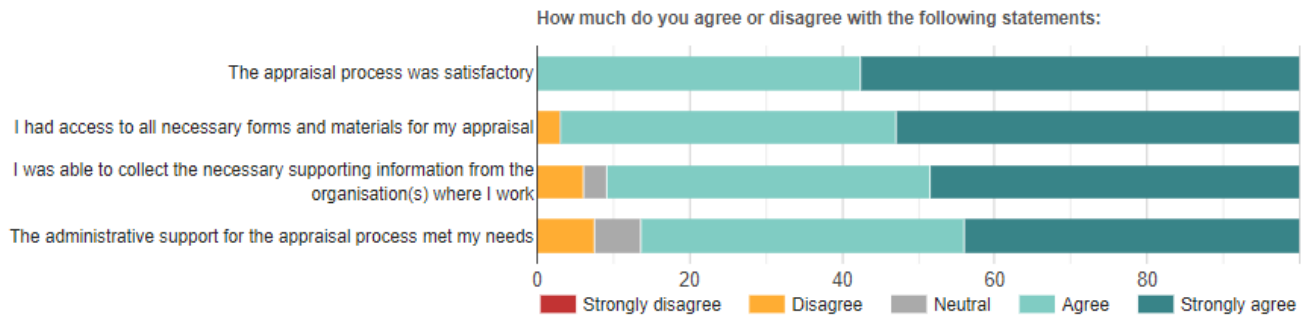
Meeting had to be changed due to the queen's funeral, then there was some difficulty rearranging it from my side due to clinics prebooked many months ahead

The environment was good and the timing was adequate and convenient.

Timely and professional.

I would have preferred a face to face meeting but the virtual worked quite well

Administration and Management of the Appraisal System



How much do you agree or disagree with the following statements:	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Average
The appraisal process was satisfactory *	0%	0%	0%	42%	58%	4.58
I had access to all necessary forms and materials for my appraisal *	0%	3%	0%	44%	53%	4.47
I was able to collect the necessary supporting information from the organisation(s) where I work *	0%	6%	3%	42%	48%	4.33
The administrative support for the appraisal process met my needs *	0%	8%	6%	42%	44%	4.23

Comments

The admin team uploaded the required evidence in good time

Unsure where to get administrative support from as there did not seem to be this provision available for Physician Associate at this time.

The process was clear and easy. Everyone was very supportive

I had access to all my documents well ahead of time.

All pretty smooth, thanks to Ashritha and William

some of the info re incidents didnt appear to be accurate

All necessary documents were uploaded in plenty of time ahead

Would be helpful if reports on SI / complaints/ attendance reports could be uploaded a bit earlier. However I do appreciate the admin team work very hard/ have a lot of work and this maybe difficult to achieve

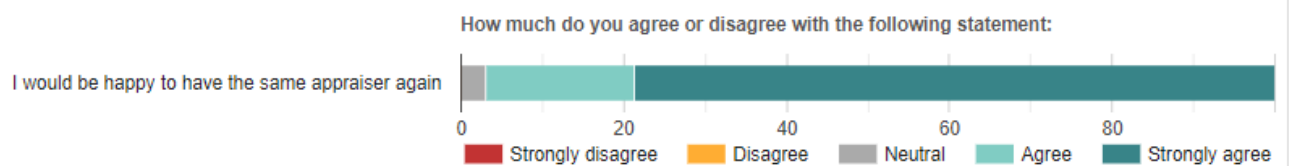
The appraisal process - meeting apart - is far too time consuming for both appraisee and appraiser. The demands increase every year, and the time involved is now very considerable. This is having a significant impact on my workload.

he appraisal meeting was arranged in advance and was held on MS teams.

I received supportive documents from Trust on time.

Appraiser Overview

Please rate your appraiser's skills in:	Very poor	Poor	Satisfactory	Good	Very good	Average
Establishing rapport *	0%	0%	2%	12%	86%	4.85
Demonstrating thorough preparation for your appraisal *	0%	0%	2%	33%	65%	4.64
Listening to you and giving you time to talk *	0%	0%	0%	12%	88%	4.88
Giving constructive and helpful feedback *	0%	0%	3%	20%	77%	4.74
Supporting you *	0%	0%	0%	20%	80%	4.80
Challenging you *	0%	0%	3%	41%	56%	4.53
Helping you to review and reflect on your practice *	0%	0%	5%	27%	68%	4.64
Helping you to identify gaps and improve your portfolio of supporting information for revalidation *	0%	2%	2%	26%	71%	4.67
Helping you to review your progress against your last personal development plan (PDP) *	0%	0%	0%	30%	70%	4.70
Helping you to produce a new PDP that reflects your development needs *	0%	0%	0%	26%	74%	4.74
Managing the appraisal process and paperwork *	0%	2%	5%	26%	68%	4.61



How much do you agree or disagree with the following statement:	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Average
I would be happy to have the same appraiser again *	0%	0%	3%	18%	79%	4.76

Comments

Dr *** was easy to talk with, had obviously looked at the portfolio and evidence, was able to guide me through my first appraisal outside of training. She was able to help me think about the evidence and plans for the next 12 months.

Dr *** was very supportive throughout the appraisal process

Very well-prepared, supportive. Good suggestions for future change. Interested and empathetic about challenges.

Dr *** was helpful in gauging what was achievable in my PDP and helped establish more realistic timelines. She was attentive and listened. I felt the whole process was fruitful.

I am very happy with Dr *** style and manner of appraising. I would be happy to return to Dr *** in future.

Dr *** was an excellent appraiser and spent time to thoroughly go through my appraisal with myself. I felt there was ample time to discuss my portfolio over the past year and my PDPs.

Comments

Plenty of time given to me to talk. Received constructive and helpful feedback.

Dr *** was really well prepared, had read my documentation and showed a lot of insight into any challenges of the working environment, paired with compassion and a supportive attitude. She was swift in providing constructive feedback and advice and completed the paperwork in no time.

Dr *** has been very supportive throughout my last 3 appraisal cycles. She has given constructive feedback, challenged when needed and has made helpful suggestions to further my development.

I really enjoyed my appraisal and have benefited from it above and beyond of what I expected

I was fully satisfied with the outcome of my appraisal. My appraiser gave me lots of opportunities to express my opinion and reflect on my clinical practice and academic interests.

Dr *** is an excellent appraiser.

Dr *** encourages this to be a meaningful discussion and review.

Both of my appraisers (as a clinical academic appraisee) were outstanding, in every respect.

It was a thorough, helpful and thoughtful process which I found very helpful

Excellent

This is my second year of completing the appraisal with Dr *** and she has supported and encouraged me by giving professional advice and empathy.

Empathic, curious, challenging

helpful and understanding of challenges in clinical and other professional roles

There was an unusually long delay of 5 weeks for the appraiser to complete her comments after appraisal, although we had the festive season in the middle of this. Otherwise all good and satisfactorily completed in the end.

My appraiser went through each section of appraisal and provided good discussion on each section. Appraiser was very supportive in developing new PDP.

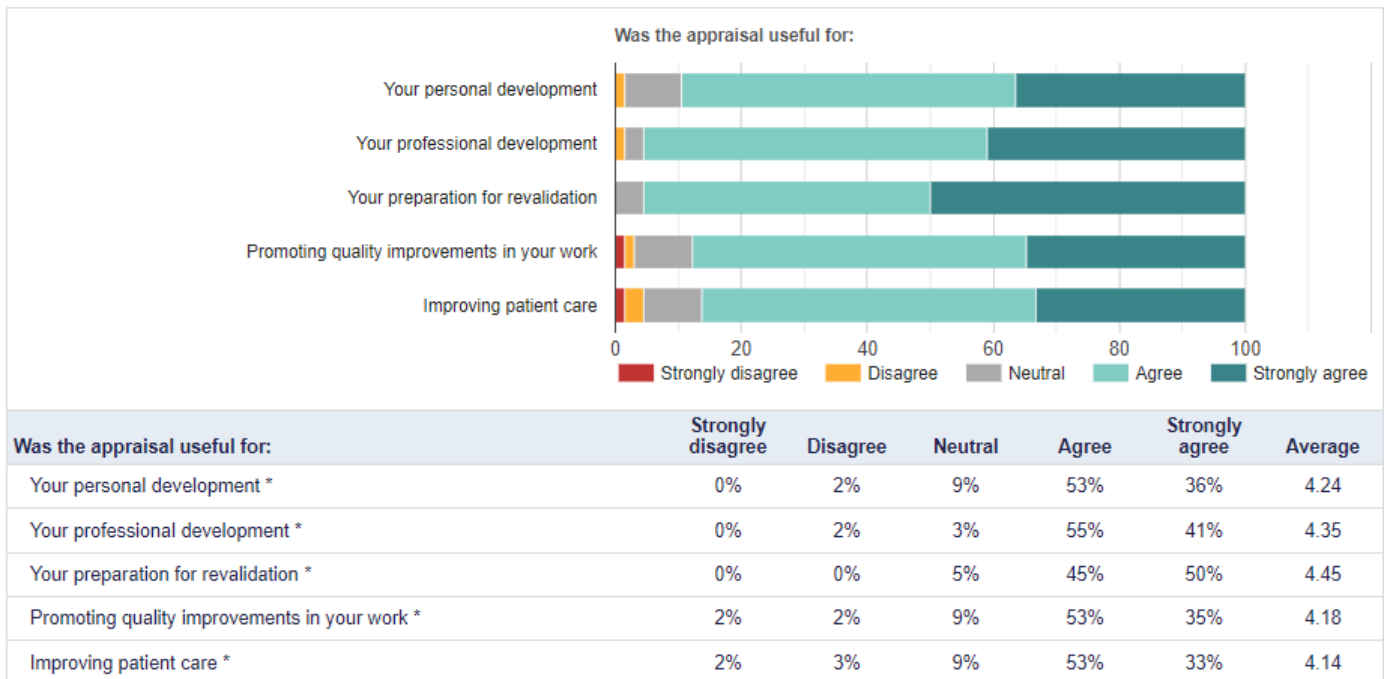
Easy to converse with and helpful.

Dr *** reviewed my evidence and appeared well informed of my role, needs and challenges, which helped to have more time around discussion

Dr *** made the appraisal process smooth and pleasant.

Doctor Overview

The appraisal overall



Comments

Very pleased.

The appraisal was a relatively painless process, and a nice supportive experience. Still somewhat of a tick box exercise in producing a portfolio, but this did help structure the conversation.

Very satisfied with appraisal process overall.

The compilation of documents for the appraisal is increasingly time consuming and repetitive in nature.

It helped me immensely to think about processes at my place of work and will influence my day to day practice

We took a 360 degree look at my scope of work

I think Dr *** has made the appraisal as useful as it can be! Thanks!

I am not convinced that the amount of work involved in the appraisal process is commensurate with improvement in my performance. This remains a regulatory rather than a developmental process, as part of revalidation.

Very helpful Thank you

Comments

This appraisal helps me to identify the gaps in my professional development. Which then enables me to complete the relevant training and develop my portfolio in order to get the competencies for future development.

Made the process very straight forward and was very supportive

Very helpful and constructive appraisal. Particularly helpful with guidance about what is expected in terms of information and reflection in each box for future appraisals.

Dr *** is a kind and supportive appraiser

Dr *** was supportive during what was my first appraisal in Sheffield. I thought that the way in which he carried out the appraisal was very helpful.

The appraisal process is gradually improving but still places too much weight on an onerous process of gathering documentation which is a shallow indication of quality.

It was a very positive experience, felt like there was plenty of time for discussion and that the appraiser listened and provided constructive input.

Average Feedback Score Summary

Complete PAQs	Incomplete PAQs	Very Poor	Poor	Satisfactory	Good	Very Good	Average Rating
1	0	0%	0%	33%	58%	8%	3.75
7	1	0%	0%	5%	46%	49%	4.44
3	0	0%	0%	3%	44%	53%	4.50
5	0	0%	0%	0%	37%	63%	4.63
7	0	0%	0%	2%	29%	69%	4.67
6	1	0%	0%	3%	24%	74%	4.71
7	0	0%	2%	1%	15%	81%	4.75
1	0	0%	0%	0%	25%	75%	4.75
7	0	0%	0%	0%	24%	76%	4.76
7	0	0%	0%	0%	21%	79%	4.79
7	0	0%	0%	1%	13%	86%	4.85
1	0	0%	0%	0%	8%	92%	4.92
3	1	0%	0%	0%	3%	97%	4.97
1	0	0%	0%	0%	0%	100%	5.00
1	0	0%	0%	0%	0%	100%	5.00
1	0	0%	0%	0%	0%	100%	5.00
1	0	0%	0%	0%	0%	100%	5.00

GMC's Fair to Refer Implementation Progress and Update Report

2022-2023



Carla White
Medical Compliance Officer

23rd May 2023

Introduction

In 2019, the GMC commissioned research into the reasons for overrepresentation of international medical graduates and doctors from ethnic minority in GMC referrals. The research found systemic issues spanning cultural factors, professional isolation, lack of good induction, mentoring, providing feedback and supervision, and leadership within organisations. These factors individually or in combination would lead to a trajectory ending up with GMC referral. The Fair to Refer? Report made 4 recommendations, covering 13 actions. The GMC has recently set a target for itself, regulatory bodies and employers to eliminate discrimination by 2026.

A group including Responsible Officer (RO), Deputy Medical Director and Director of Human Resources (as was called at the time) looked at the recommendations and agreed categorisation of recommendations:

- A) In place or implementation relatively straightforward (1-6 months)
- B) Capable of early implementation and would produce substantial improvement (timetable to be set separately)
- C) Complex implementation including additional resources and/or further approval

Category A

These are all from Recommendation 1 with the relevant paragraph number added.

- 1.4. Employers should introduce a process to ensure that any new arrangements to contract with locum agencies requires agencies to follow good practice in supporting locums (e.g. the guidance in England “Supporting locums and doctors in short term placements” or equivalent in the other nations). Employers should review all existing contracts to ensure compliance.
- 1.5. Employers should establish a protocol to ensure that early termination of locum contracts by healthcare providers is recorded and concerns investigated with the outcome communicated to the doctor’s locum agency and Responsible Officer and discussed with the GMC’s Employer Liaison Adviser (ELA). Exit reports to be provided at the end of locum employment.
- 1.6. Employers should ensure effective arrangements for Speciality doctors and Specialists (SAS) by:
 - Promoting, monitoring and publishing their implementation of the 4 national SAS charters
 - Giving SAS doctors equivalent opportunities to access the learning and development that is provided to other doctors
 - Publishing and monitoring the proportion of SAS doctors involved in disciplinary procedures and GMC referrals

Category B

The first two are from Recommendation 1. The third is from Recommendation 2 and the last is Recommendation 4.

- 1.2 Employers should provide every doctor with effective induction and ongoing support that reflects national standards with enhanced induction for doctors who are new to the UK, new to the NHS or at risk of isolation in their roles (including overseas qualified doctors, locums and SAS doctors). Enhanced induction should include allocating a mentor (who will also sign off their induction).

- 1.3. Employers should introduce a mechanism whereby, before a formal complaint process is initiated, someone who is impartial to the issues involved and understands diversity, evaluates whether a formal response is necessary.
- 2.2. Employers and healthcare providers should identify systemic issues, address them and take them into account when assessing performance, and ensure these assessments are conducted within the principles of a 'Just Culture' approach, including (a) ensuring that a review is carried out of any systemic issues following a patient safety incident; and (b) steps are taken to prevent recurrence
- 4.1. ROs should monitor and challenge patterns of disproportionality in performance concerns in their organisation. They should be able to demonstrate that their processes are fair if challenged.

Category C

This includes Recommendation 2.1 and all of Recommendation 3. There are five recommendations in total and all directly refer to board level involvement. They encompass:

- reviewing and identifying negative subcultures-reviewing leadership style and introducing programmes to support leaders
- implementing inclusive engagement sessions with a visible lead from clinical leaders
- leadership and boards regularly discussing and assessing how the organisation meets the needs of a diverse workforce
- leadership and boards reviewing the representation of decision makers in local complaints processes

This category also includes Recommendation 1.1 set out below as the training and technology may not be readily available (although some training in having difficult conversations has been undertaken in the past)

- 1.1 Employers should train staff who lead, manage, supervise or educate doctors to give and receive feedback across difference ensuring they are equipped to have difficult conversations, use technology appropriately (e.g. Datix) and understand how bias influences giving and receiving feedback.

Actions Completed so far in 2020/2021 and 2021/2022

- A) Raising awareness
 - Presentation to Medical Staff Committee
 - Discussion at Medical Workforce Planning Group,
 - Continuous Professional Development (CPD) session to all doctors
 - inclusion in the annual report on appraisal and revalidation to the Board of Directors
 - Updates provided to Joint Local Negotiating Committee.
- B) Mentorship scheme and creating and appointing to the role of mentorship coordinator
- C) updating Medical Workforce Planning Group
- D) Exploring collaboration with neighbouring Trusts though the Regional RO Network for mental health trusts
- E) Training session in feedback and difficult conversation with professional actors
- F) Agreeing a SOP for locum recruitment.
- G) Agreeing a SOP for medical recruitment

- H) Ongoing review of induction and signposting doctors who are new to UK practice to attend the GMC relevant events.
- I) Implementation of SAS doctors charter, SAS representative is already a member of the MWPG.
- J) Opening leadership roles to SAS doctors e.g. appraiser role
- K) SAS rep is already a member of Joint Local Negotiating Committee (JLNC) as well as Medical Workforce Planning Group
- L) We have Certificate of Eligibility for Specialist Registration (CESR) rotation scheme for SAS doctors and CESR coordinators.
- M) We are supporting Approved Clinician approval scheme for SAS doctors
- N) People Directorate were asked by the Board to consider the report (particularly Category C recommendations)
- O) Disciplinary Process: To consider how existing local Maintaining High Professional Standards (MHPS) process could be further adapted to help ensure impartiality and understanding of diversity, to allow for inclusion of systemic considerations and include the role of (Medical Workforce Race and Equality Standard (MWRES) Lead.
- P) RO Network: RO shared the Trust work with regional mental health RO network and explored areas for collaboration. (This could include some form of "pooling" of resources for investigating systemic issues to help ensure impartiality)

Progress in 2022/2023

1. The RO has met with relevant colleagues from the People's Directorate twice to develop a plan of implementing Group C recommendations.
2. Expression of interest has been circulated to appoint MWRES Lead.
3. The RO has discussed with the Medical Director and Revalidation Support Group developing a training program on Giving and Receiving Feedback and Managing Difficult Conversations. Various options are currently under considerations.



Designated Body Annual Board Report

2022-2023

Carla White
Medical Compliance Officer

19th May 2023

Section 1 – General

The Board of Sheffield Health and Social Care NHS Foundation Trust can confirm that:

1. An appropriately trained licensed medical practitioner is nominated or appointed as a Responsible Officer.

Action from last year: Dr Girgis will continue in his role as Responsible Officer. The role of Associate Medical Director for Revalidations will be relinquished by the Trust. Dr Girgis is planning to retire from all other roles and return to continue solely in his Responsible Officer role.

Comments: Dr Girgis continues in his role as Responsible Officer. Dr Girgis retired from all other roles and returned to continue solely in his Responsible Officer role.

Action for next year: Dr Girgis continues in his role as Responsible Officer.

2. The Designated Body provides sufficient funds, capacity, and other resources for the Responsible Officer to carry out the responsibilities of the role.

Action from last year: In line with NHS England practice, we are looking to increase remuneration in line with NHS England practice to 0.4 PA for a full-time appraiser (completing up to 8 appraisals per year). This will ensure fair remuneration and encourage new applications to become appraisers.

Comments: 2PAs (PA or Professional Activities are equivalent to 4 hours each) reserved in job plan for Responsible Officer. Appraisers remuneration increased to 0.4 PAs pro rata for up to 8 appraisals per annum with effect from 01 August 2022. Medical Compliance Officer provides administrative support to Responsible Officer and the appraisal process. Appraiser numbers and appraisal capacity is regularly reviewed to ensure sufficient resources are available. L2P's (License to Practise) Multi-Source Feedback (MSF) and Leadership Modules based on the Faculty of Medical Leadership and Management's (FMLM) Leadership and Management Standards for Medical Professionals have been successfully incorporated into the Trust's appraisal process.

Action for next year: RO continues to meet monthly with the MD. Any resource issues will be discussed.

3. An accurate record of all licensed medical practitioners with a prescribed connection to the Designated Body is always maintained.

Action from last year: None

Comments: The Revalidation Team has established links to work closely with the Medical Education & Staffing Team to proactively monitor newcomers and leavers in good timing. The GMC Connect platform is also reviewed regularly to ensure accurate list of doctors who have prescribed connection to the Trust. Doctors who inadvertently add themselves to our GMC Connect list, are removed and advised accordingly. The Trust is in full compliance.

Action for next year: Continue current monitoring system

4. All policies in place to support medical revalidation are actively monitored and regularly reviewed.

Action from last year: The Appraisal and Revalidation policy will be reviewed and ratified in 2022.

Comments: The doctors' disciplinary policy has been ratified.

Action for next year: Relevant policies are currently up to date. If national policy developments arose, relevant policies will be reviewed accordingly.

5. A peer review has been undertaken (where possible) of this organisation's appraisal and revalidation processes.

Action from last year: None

Comments: The electronic system has a built-in checklist for appraisee and appraiser. The appraisal system was part of the Care Quality Commission review in 2017/2018. The Responsible Officer attends a regional Mental Health Sector Responsible Officer network twice a year where systems are discussed and suggestions for improvement are made. These suggestions are implemented. The Trust submits Annual Organisational Audit (AOA) to NHS England annually. Higher-level responsible officers will ensure that independent verification is carried out once per revalidation cycle for each Designated Body. This may be undertaken by the higher-level responsible officer's team. Primarily this will be based on a desk-top review. Where concerns are identified, this will be followed by a visit to the Responsible Officer at the Designated Body.

Action for next year: None

6. A process is in place to ensure locum or short-term placement doctors working in the organisation, including those with a prescribed connection to another organisation, are supported in their continuing professional development, appraisal, revalidation, and governance.

Action from last year: To continue the established processes.

Comments: The RO has worked with the Medical Staffing Office to develop a SOP for recruitment of locum doctors. Most locum doctors have a prescribed connection to a Locum Agency. The Trust RO would communicate with the doctors' RO if any concerns arose. Exit reports are sent to the Locum Agency at the end of the placements. Locums would have their appraisal and revalidation completed by the Locum Agency. Locum doctors are able to attend the Trust CPD program. If the Trust employs a locum doctor directly or on Fixed Term basis, the doctor will have his/her appraisal and revalidation completed through the Trust systems. The Revalidation team has developed a unique appraisal document (called Training Pathway) for Clinical Fellows to reflect

their training needs (although they are outside the training scheme). Training Pathway appraisal document was presented at NHS England RO Network and was praised as an example of good practice.

Action for next year: To continue the above processes.

Section 2a – Effective Appraisal

- 1. All doctors in this organisation have an annual appraisal that covers a doctor's whole practice, which takes account of all relevant information relating to the doctor's fitness to practice (for their work carried out in the organisation and for work carried out for any other body in the appraisal period), including information about complaints, significant events and outlying clinical outcomes.**

Action from last year: To continue with the processes in place.

Comments:

Appraisals completed on L2P (License to Practise) are reviewed by the Medical Compliance Officer and either; returned to the appraisee/appraiser where serious shortcomings, such as missing complaints or Serious Untoward Incident (SUI) information has not been included. These issues are flagged for a detailed secondary review by the Responsible Officer with more scrutiny where issues are identified; or flagged as satisfactory when no issues are identified. The final approval of each appraisal rests with the Responsible Officer.

Appraisees are responsible for ensuring that sufficient supporting information is provided to facilitate an effective appraisal discussion. The organisation supports the appraisees to collect the required supporting information. If the minimum supporting information is not provided the discussion will either be, with the agreement of the Responsible Officer, postponed for an agreed period of time to enable the doctor to compile the minimum supporting information, or it will be agreed in the personal development plan that the doctor will "catch up" over the coming year.

Appraisals completed using L2P (License to Practise) require the doctor to complete a checklist confirming, or otherwise providing explanations for the absence of, that they have included all mandatory pieces of supporting information.

The Medical Compliance Officer provides additional support with the collection of supporting information which is uploaded directly to L2P (License to Practise) or emailed to the appraisee at least 2 weeks before their appraisal. This includes a Compliments & Complaints Report, Training Events Attendance Report, SHSC Mandatory Training Compliance Report, Significant Events Report and Peer Group Attendance Report. The Medical Directorate Analyst can now directly report on mandatory training, compliments & complaints from existing electronic systems.

The Trust has an effective appraisal system.

Action for next year: To continue the above processes.

2. Where in Question 1 this does not occur, there is full understanding of the reasons why and suitable action is taken.

Action from last year: The Medical Directorate continues to collect any reasons for late appraisals. However, as NHS England no longer make a distinction between Measure 1a and 1b and the fact that flexibility is encouraged, the data for Measure 1 is not split into Measure 1a and Measure 1b. However, reasons for any delay will be sought and approved. Any exception will be reported.

Comments: Medical Compliance Officer to continue to ensure reasoning is recorded and Responsible Officer informed.

Action for next year: To continue the established processes.

3. There is a medical appraisal policy in place that is compliant with national policy and has received the Board's approval (or by an equivalent governance or executive group).

Action from last year: Review of the Appraisal and Revalidation policy in 2022.

Comments: The Appraisal and Revalidation Policy has been updated in line with the Responsible Officer Regulations.

Action for next year: A review of the Appraisal and Revalidation policy is currently underway.

4. The Designated Body has the necessary number of trained appraisers to carry out timely annual medical appraisals for all its licensed medical practitioners.

Action from last year: To ensure appraiser numbers are maintained and kept under review given the ongoing pressures related to the pandemic. A review of remuneration will take place in line with NHS England practice early in the new year.

Comments: The Trust has a sufficient number of trained medical appraisers to meet requirement. Appraisers are remunerated 0.4 PAs pro rata for up to 8 appraisals per annum. The number of appraisers and capacity is regularly reviewed and monitored by the Revalidation Team.

Action for next year: To continue to monitor capacity using the established processes in place.

5. Medical appraisers participate in on-going performance review and training/ development activities, to include attendance at appraisal network/ development events, peer review and calibration of professional judgements (Quality Assurance of Medical Appraisers¹ or equivalent).

Action from last year: To continue the established processes.

Comments: Appraisers are required to attend the Revalidation Support Group. Appraisers receive an annual performance report for their own appraisals containing the relevant indicators such as the appraisees' feedback & Appraisal Summary and Personal Development Plan Audit Tool (ASPAT) scores. There is effective development and performance review of appraisers. Scoring appraisals using Appraisal Summary and Personal Development

Plan Audit Tool (ASPAT) was suspended by NHS England during the pandemic but has been resumed this year.

Action for next year: To continue scoring of the quality of appraisals.

6. The appraisal system in place for the doctors in your organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group.

Action from last year: Scoring will resume in 2022/23.

Comments: A good system of quality assurance is in place. The Trust is fully compliant with the regulations and practice surrounding appraisal and revalidation, as reported to NHS England in the Annual Organisational Audit (AOA) which has recommenced following suspension by NHS England during the Covid pandemic.

Quality Assurance: System

Both the Responsible Officer and Medical Compliance Officer attend NHS England's regional Responsible Officer Network meetings and Appraiser Leads Network meetings (3 times a year) as well as regional Mental Health Sector Responsible Officer Network meetings twice a year where systems are discussed and suggestions for improvement are made. These suggestions are implemented. The Responsible Officer meets monthly with Executive Medical Director and reports annually to SHSC's Board of Directors. L2P (License to Practise) sends reminders of appraisals 3, 2 and 1 months before the appraisal dates and compiles data on delayed appraisal meetings and delayed appraisal submissions.

Quality Assurance: Appraiser

In addition to the objective quality assurance review, appraisees are asked to complete a feedback questionnaire to provide a subjective review of the appraisal and the supporting systems. These are reviewed by the Medical Compliance Officer and any issues or themes emerging from them are brought to the Revalidation Steering Group for discussion. Within the electronic system, the completion of the appraisal feedback questionnaire is required to finalise the appraisal. The Medical Compliance Officer collects separate feedback for all 'Training Pathway' Appraisals.

Feedback data & Appraisal Summary and Personal Development Plan Audit Tool Scores are also fed back into Appraiser's appraisals through an annual feedback summary report to support their development as Appraisers. An Annual Appraiser Feedback Summary Report is also issued to the Responsible Officer by the Medical Compliance Officer. The Annual Appraiser Report is included in Appendix A.

All appraisers are required to attend the Revalidation Steering Group that meets 3 times a year with an extended meeting in Autumn to provide refresher training for all appraisers within the Trust.

Quality Assurance: Appraisal

A scoring sheet and template appraisal are available to provide transparency and consistency in the scoring of appraisals.

Checklists are built into both L2P (Licence to Practise) and Training Pathway appraisals to help ensure appraisals contain all the required supporting information and reflection prior to submission.

All appraisals are reviewed by the Medical Compliance Officer with any concerns or issues raised to the Responsible Officer. All appraisals require final approval by the Responsible Officer.

Action for next year:

To continue the established processes.

Section 2b – Appraisal Data

7. The numbers of appraisals undertaken, not undertaken and the total number of agreed exceptions can be recorded in the table below.

Full Appraisal Year

(All appraisals by SHSC appraisers between 1 April 2022 and 31 March 2023)

Measure	Tally	%
1	66	94.3
2	4	5.7
3	0	0
TOTAL	70	

Annual Organisational Audit (AOA) Figures

(Appraisals of doctors connected to SHSC as of 31.03.2022).

Measure	Tally	%
1	63	94
2	4	6
3	0	0
TOTAL	67	

Section 3 – Recommendations to the General Medical Council

1. **Timely recommendations are made to the GMC about the fitness to practise of all doctors with a prescribed connection to the designated body, in accordance with the GMC requirements and responsible officer protocol.**

Action from last year: To continue the current revalidation processes.

Comments: The Responsible Officer reviews the annual appraisals for the previous 5 years and any relevant clinical governance information before making his recommendations. The Responsible Officer makes the recommendation at least 4 weeks before the revalidation date. The GMC has increased the recommendation window from 4 to 12 months to spread the RO workload. This will benefit the ROs of big trusts which have large number of connected doctors. However, for a relatively small organisation like ours, it is better to make the recommendations closer to the date of revalidation to ensure up to date governance information.

Action for next year: To continue the current revalidation processes.

2. **Revalidation recommendations made to the GMC are confirmed promptly to the doctor and the reasons for the recommendations, particularly if the recommendation is one of deferral or non-engagement, are discussed with the doctor before the recommendation is submitted.**

Action from last year: To continue the current revalidation processes.

Comments: If there is a potential for deferral recommendation, the doctor will be aware in advance that this is the likely outcome. Reasons for such decision and any remedial actions are also communicated. Any evidence of disengagement is challenged quite early, and the doctor is encouraged to engage. The consequences of disengagement are made clear. There have been no recommendations for non-engagement so far. When a deferral recommendation is planned, the doctor is engaged in a discussion about a reasonable timescale for completion of any outstanding supporting information.

Action for next year: To continue the current revalidation processes.

Section 4 – Medical Governance

1. This organisation creates an environment which delivers effective clinical governance for doctors.

Action from last year: No action is required.

Comments: There are clear systems for reporting and reviewing significant events and complaints. Data is routinely collected on performance service indicators. All teams have regular governance meetings. Openness and reporting incidents is encouraged. The Responsible Officer is informed about any significant concern about the doctor. The Responsible Officer then decides whether a referral to the General Medical Council is required at any point in time prior, during or after the completion of investigation.

There is a satisfactory system to deliver effective governance for doctors.

Action for next year: Continue established processes

2. Effective systems are in place for monitoring the conduct and performance of all doctors working in our organisation and all relevant information is provided for doctors to include at their appraisal.

Action from last year: No action required.

Comments: The doctor is provided with an annual report for any complaints against them or significant events linked to the doctor's name.

The Disciplinary Capability III Health and Appeals for Medical Practitioners Policy was updated in 2019 to clarify the respective roles of the Responsible Officer and the Executive Medical Director. The policy was updated in 2021. All information regarding concerns (from Complaints, Significant Events, Safeguarding, Bullying and Harassment or disciplinary process) are now accessible for the Medical Compliance Officer with relevant reports issued to doctors at least 2 weeks prior to their arranged appraisal.

There is a good system in place for monitoring performance and conduct of doctors and the information is provided to them. The Medical Compliance Officer has produced an operational guidance to ensure continuity of the process when personnel change.

Action for next year: Continue the established processes.

3. **There is a process established for responding to concerns about any licensed medical practitioner's fitness to practise, which is supported by an approved responding to concerns policy that includes arrangements for investigation and intervention for capability, conduct, health, and fitness to practise concerns.**

Action from last year: No action is required.

Comments: The Trust has a Remediation Addendum to the disciplinary policy. The disciplinary policy has also been updated and ratified in 2022. The Responsible Officer, the Medical Director and the General Medical Council Employer Liaison Adviser meet 3 times a year and all issues relating to appraisal, revalidation and concerns about fitness to practice are discussed and documented. There is a protocol annexed to the appraisal policy stipulating arrangements with NHS England for managing concerns about salaried GPs (if any was employed by the Trust). Any concern about trainees is communicated with the Director of Medical Education. Concerns about doctors who are connected to locum agency or other organisations is communicated with their Responsible Officers to ensure concerns are addressed.

There is a good system to deal with concerns about the practice of doctors of various grades.

Action for next year: No action is required.

4. **The system for responding to concerns about a doctor in our organisation is subject to a quality assurance process and the findings are reported to the Board or equivalent governance group. Analysis includes numbers, type, and outcome of concerns, as well as aspects such as consideration of protected characteristics of the doctors.**

Action from last year: To continue the work on implementing the recommendations of the General Medical Council's "Fair to Refer?" report. The recommendations have wider implications for the Trust beyond the appraisal and revalidation system. The Board had decided to pass the report's recommendations to the People's Directorate in 2021.

Comments: As a relatively small organisation, the number of doctors with concern is quite small. The Responsible Officer and Executive Medical Director share information about any concern and agree a remediation plan. The number of doctors with concern, the category of concern and the degree of concern have been included in the Annual Report to the Board appendices. The Responsible Officer liaises with the General Medical Council Employer Liaison Advisor (ELA) and reports any concerns to the relevant Responsible Officer for locum agency workers. The GMC has amended the referral form to include questions about steps taken to ensure fairness.

Progress towards the Fair to Refer Report's recommendations are reviewed quarterly at the Medical Workforce Planning Group (MWPG). The RO has started working with People Directorate to translate long term recommendations into concrete action plan.

Action for next year: To continue the work on implementing the recommendations of the General Medical Council's "Fair to Refer?" report. Currently, an advert has been circulated for expression of interest for a new role of Medical Workforce Race Equality Standards Lead (MWRES). This lead will be asked to scrutinise concerns about doctors before proceeding to investigations. The RO and MD have discussed the process of potential referral to the GMC. They agreed that this process should be similar to addressing concerns internally. This will mean involving a non-executive director.

5. **There is a process for transferring information and concerns quickly and effectively between the responsible officer in our organisation and other responsible officers (or persons with appropriate governance responsibility) about a) doctors connected to your organisation and who also work in other places, and b) doctors connected elsewhere but who also work in our organisation.**

Action from last year: Maintain an appropriate information sharing system.

Comments: An established system is in place for the sharing of information between Designated Bodies using NHS England's Medical Practice Information Transfer (MPIT) Form. The Responsible Officer (RO) has responded swiftly to MPIT requests for information sharing requests. In case the employing organisation does not request information about a doctor who left the Trust, the RO will initiate contact with the relevant RO and pass relevant information in line with GMC guidance. Doctors who work for more than one organisation, are asked to provide a governance letter from other organisations as part of their appraisal supporting information. The RO also seeks information sharing from the previous Responsible Officer for any doctor who is joining the Trust.

Action for next year: Maintain an appropriate information sharing system.

6. **Safeguards are in place to ensure clinical governance arrangements for doctors including processes for responding to concerns about a doctor's practice are fair and free from bias and discrimination (Ref General Medical Council governance handbook).**

Action from last year: To continue working on implementing the recommendations of Fair to Refer report.

Comments: The policy for disciplinary processes for doctors was updated in 2022. The Responsible Officer and Executive Medical Director meet regularly. They also meet jointly with the General Medical Council Employer Liaison Advisor to ensure that any referral to the General Medical Council has reached the correct threshold. The Responsible Officer liaises with the General Medical Council Employer Liaison Advisor (ELA) and reports any concerns to the relevant Responsible Officer for locum agency workers. The GMC has amended the referral form to include questions about steps taken to ensure fairness. The split in the roles between the Responsible Officer and Executive Medical Director has helped to reduce conflict of interest in Case Management and referral to

the General Medical Council ensuring fairness and avoidance of bias.

Progress towards the Fair to Refer Report's recommendations are reviewed quarterly at the Medical Workforce Planning Group (MWPG).

Action for next year:

To continue working on implementing the recommendations of Fair to Refer report. Currently, an advert has been circulated for expression of interest for a new role of Medical Workforce Race Equality Standards Lead. This lead will be asked to scrutinise concerns about doctors before proceeding to investigations. The RO and MD have discussed the process of potential referral to the GMC. They agreed that this process should be similar to addressing concerns internally. This will mean involving a non-executive director.

Section 5 – Employment Checks

1. A system is in place to ensure the appropriate pre-employment background checks are undertaken to confirm all doctors, including locum and short-term doctors, have qualifications and are suitably skilled and knowledgeable to undertake their professional duties.

Action from last year: None.

Comments: The Medical Education & Staffing Team perform pre-employment checks. The Medical Education & Staffing Team have rigorous processes in place for the recruitment of locums working closely with Clinical Directors and Clinical Leads. The Medical Education & Staffing Department run a comprehensive induction package for substantive doctors including handbooks issued upon the commencement of employment with the Trust.

The Trust is in full compliance with well established processes in place.

Action for next year: To continue the well-established processes and work closely with the Medical education and Staffing Team.

Section 6 – Summary of comments, and overall conclusion

General review of last year's actions

➤ **Dr Girgis continues in his role as Responsible Officer.**

Dr Girgis retired and returned on 23rd May 2022 solely as Responsible Officer.

➤ **To increase remuneration in line with NHS England practice for Appraisers.**

Appraisers' remuneration increased to 0.4 PAs pro rata for up to 8 appraisals per annum with effect from 01 August 2022.

➤ **Medical Compliance Officer to continue to ensure reasoning is recorded and Responsible Officer informed. Four appraisers have been appointed.**

NHS England no longer makes a distinction Measure 1a and Measure 1b. Also, MAG2020 strongly recommends flexibility of the Appraisal process taken account of the pressure on doctors during the pandemic. The RO and the MCO continue to collate this information identify any difficulties in the system.

➤ **Ensure that the number of Appraisers is maintained**

Remuneration of appraisers has been increased to match the rate paid by NHS England to its appraisers. This helped to recruit new appraisers to replace appraisers who left the Trust.

➤ **To continue the development and performance review of appraisers.**

We will continue with these reviews.

➤ **Quality Assurance of the appraisal system**

Scoring resumed 2022/23

➤ **Work on implementing the recommendations of the General Medical Council's 'Fair to Refer?' report. The recommendations have wider implications for the Trust beyond the appraisal and revalidation system.**

The RO has been working with the People Directorate to translate the long term recommendations into concrete action plan. The Trust is also recruiting WRES Lead. The RO is working with the MD to develop a bespoke training program for "giving and receiving feedback and managing difficult conversations", being a central recommendation of the Fair to Refer report.

➤ **To share and discuss examples of best practice for appraiser's summary at the end of a doctor's appraisal with a focus on evidence-based decision making.**

This is shared with Appraisers at the annual Revalidation Refresher Training session.

Overall conclusion:

There have been incremental improvements in the appraisal system including annual appraiser performance reports, annual appraisee feedback reports and reduction of delays in appraisals.

Appraisers are remunerated specifically for their role to ensure quality and accountability. Appraisers receive additional supporting information for their own appraisals, including certification for attendance at Revalidation Steering Groups, and an annual feedback report which are added to their appraisals for them. Appraisal summaries are reviewed using NHS England's Appraisal Summary & Appraisal Summary and Personal Development Plan Audit Tool. The latter had been suspended by NHS England during the pandemic. This was resumed in 2022/2023.

The focus of Revalidation Team for 2022/2023 to implement relevant recommendations from the General Medical Council's 'Fair to Refer?' report and to promote leadership discussions during appraisal meetings.



Section 7 – Statement of compliance

The Board of Sheffield Health & Social Care NHS Foundation Trust has reviewed the content of the report and can confirm the organisation is compliant with The Medical Profession (Responsible Officers) Regulations 2010 (as amended in 2013).

Signed on behalf of the Designated Body.

[Chief Executive or Chairman (or executive if no board exists)]

Official name of Designated Body: **Sheffield Health & Social Care NHS Foundation Trust**

Name:

Role:

Signature:

Date:



Responsible Officer Demographics Report 2022-2023



Carla White
Medical Compliance Officer

23rd May 2023

Trust Demographics

The below statistics are for all psychiatrists on a substantive contract with Sheffield Health & Social Care NHS FT. The data doesn't include doctors on a local training scheme. The data does include Dr Girgis, and Dr Hunter as a result of having an alternative Designated Body due to a conflict of interest.

as of 31st March 2023

Substantive Doctor Gender Ratio

■ Male ■ Female



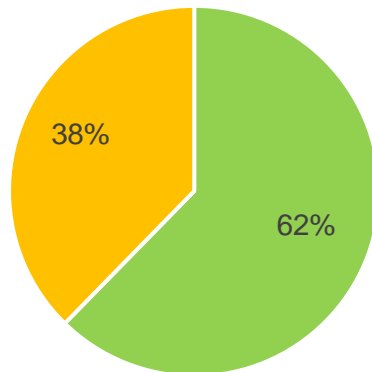
Substantive Doctor Ethnic Minority Ratio

■ Ethnic Minority ■ Other



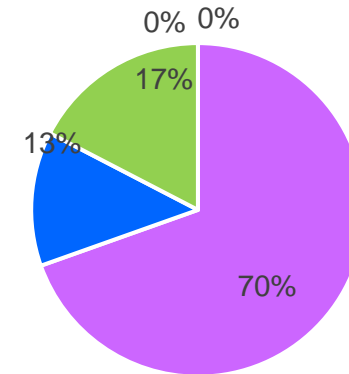
Substantive Doctor Medical Qualification

■ UK ■ IMG



Substantive Doctor Grade Ratio

■ Consultant ■ Associate Specialist
■ Specialty Doctor ■ Clinical Fellow
■ WAST Doctor



Appraisers as of 31st March 2023

Appraiser Gender Ratio

■ Male ■ Female



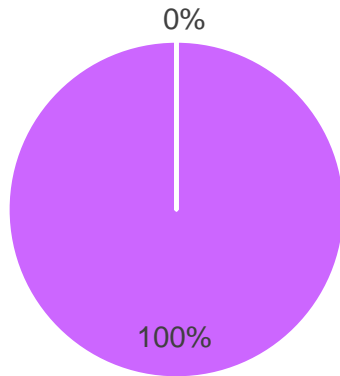
Appraiser BAME Ratio

■ Ethnic Minority ■ Other



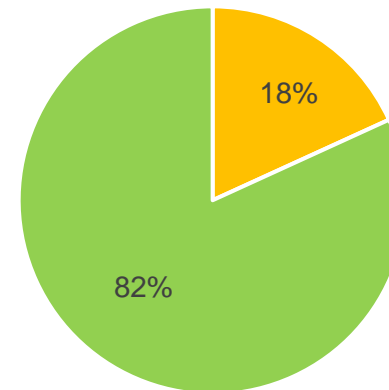
Appraiser Grade Ratio

■ Consultant ■ Associate Specialist
■ Specialty Doctor ■ Clinical Fellow
■ WAST Doctor



Appraiser Medical Qualification

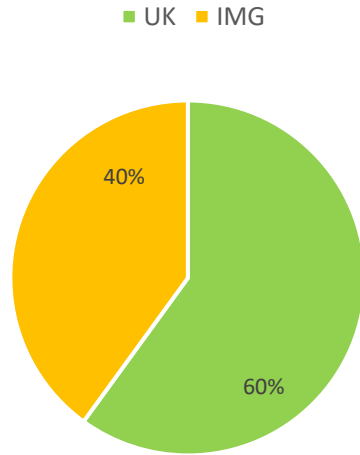
■ UK ■ IMG



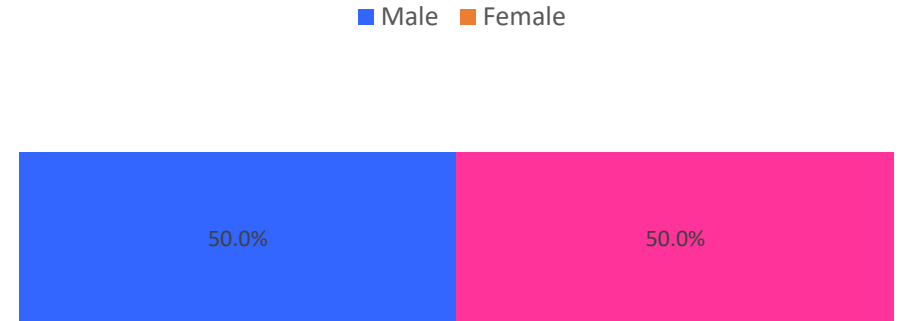
Agency Locums who have been contracted to work for SHSC between 1st April 2022 and 31st March 2023

This data relates to agency locums as individuals and is not representative of the number of shifts completed by each locum.

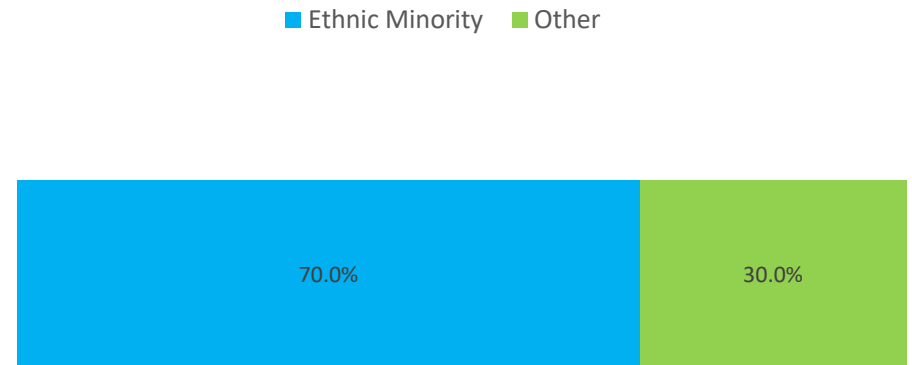
Agency Medical Qualification



Agency Locum Gender Ratio



Agency Locum Ethnic Minority Ratio



Responsible Officer Referrals for 2022/23 Appraisal Year

Overview

- 1 doctor had a low-level concern (conduct category), Responsible Officer discussed with GMC Employer Liaison Adviser but no referrals was warranted to the GMC.

